

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>				Attorney Docket No.		LUD-5752	
First Inventor or Application Identifier				Jean-Christophe RENAULD et al			
Title				ISOLATED CYTOKINE RECEPTOR LICR-2			
Express Mail Label No.				EL649538255US			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)				6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)				7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
- Descriptive title of the Invention				a. <input type="checkbox"/> Computer Readable Copy			
- Cross References to Related Applications				b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)			
- Reference of Microfiche Appendix				c. <input type="checkbox"/> Statement verifying identity of above copies			
- Background of the Invention				ACCOMPANYING APPLICATION PARTS			
- Brief Summary of the Invention				8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Description of the Drawings (if filed)				9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)			
- Detailed Description				10. <input type="checkbox"/> English Translation Document (if applicable)			
- Claim(s)				11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449			
- Abstract of the Disclosure				12. <input type="checkbox"/> Preliminary Amendment			
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)				13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
4. <input checked="" type="checkbox"/> Oath or Declaration				14. <input type="checkbox"/> *Small Entity Statement(s)			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)				15. <input type="checkbox"/> Certified Copy of Priority Document(s)			
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)				16. <input checked="" type="checkbox"/> Other: Check For Filing Fee			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)							

	<i>Complete if known</i>	
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAULD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

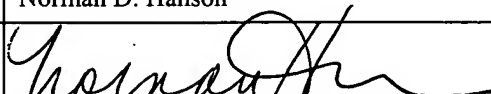
FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370.00
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	00000
			TOTAL FEES	\$565.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$_____
- ☒ A check for \$565.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

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SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: December 21, 2001	

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

5. ☐ Incorporation By Reference (See if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

Prior application information: Examiner: Group / Art Unit:

18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label 24972 or ☒ Correspondence address below

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Signature  Date December 21, 2001